

TITLE COMPANIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **SOUTH DAKOTA *** Filings Made During the Year 2011

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURC E**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	2	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	
	12	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	13	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	14	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	15	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	16	Supplemental Schedule of Business Written By Agency	1	EO	xxx	4/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	53	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	54	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	55	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	56	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Reports	1	EO	N/A	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	N/A	Company	
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	1	N/A	N/A	N/A	Company	
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A	N/A	Company	
	78	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	08-01	Company	
	79	Request for Exemption to File	1	N/A	N/A	N/A	Company	
		V. STATE REQUIRED FILINGS						
	101	Premium Tax Return form	1	0	1	03-01-2011	State	See note 'B, D, P'
	102	Schedule T	1	0	1	03-01-2011	State	See note 'Q'
	103	Statement of Deposits	1	0	0	03-01-2011	Company	Domestic only
	104	Quarterly Tax Payment Voucher	1	0	1	04-30, 07-31, 10-31, 01-31-2012	State	See notes 'D, R'
	105							
	106							
	107							
	108							
	109							

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Luann Johnson 605-773-3563 Luann.Johnson@state.sd.us
B	Mailing Address for Premium Tax FORM :	South Dakota Division of Insurance 445 East Capitol Avenue Pierre SD 57501
C	Mailing Address for Filing Fees:	South Dakota Division of Insurance 445 East Capitol Avenue Pierre SD 57501
D	Mailing Address for Premium Tax PAYMENTS :	South Dakota Remittance Center PO Box 5055 Sioux Falls, SD 57117 Ground Delivery: South Dakota Remittance Center 300 S. Sycamore Ave #102 Sioux Falls, SD 57110
E	Delivery Instructions:	Postmarked NO LATER than March 1 st . NO EXCEPTIONS.
F	Late Filings:	A Penalty of 1.5% will apply on premium taxes if postmarked after 03-01-2011. NO EXCEPTIONS
G	Original Signatures:	Original signatures are required on all filings for domestic companies and on the premium tax forms for ALL companies.
H	Signature/Notarization/Certification:	
I	Amended Filings:	
J	Exceptions from normal filings:	
K	Bar Codes (State or NAIC):	
L	Signed Jurat:	Domestic companies only
M	NONE Filings:	
N	Filings new, discontinued or modified materially since last year:	
P	Foreign companies are not required to file the annual statement or diskette. The Premium Tax form is required along with the Schedule T.	Obtain tax form at: www.state.sd.us/insurance Available early January 2011.
Q	ATTACH the Schedule T to the Premium Tax Return form. DO NOT send under separate cover.	
R	If previous year tax exceeds \$5,000, then quarterly payments are required.	

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for the annual statement, detail for investment schedules and all supplements due March 1.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplements due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions

(generally, on its web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.